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CONFIRMATION NO. 5441

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|--|---|--|-------------------------------|--|---|---|--|--|--------------------------------------|---------------------------------|
| SERIAL NUMBER 09/894,060 | FILING DATE 06/28/2001 RULE | CLASS 386 | GROUP ART UNIT 2615 | ATTORNEY DOCKET NO. US010306 | | | | | | |
| APPLICANTS William P. Lord, Fishkill, NY; | | | | | | | | | | |
| ** CONTINUING DATA ***** <div style="text-align: center; font-family: cursive;">NO NE</div> | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** <div style="text-align: center; font-family: cursive;">NO NE</div> | | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/17/2001 | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px; vertical-align: top;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Examiner's Signature </div> <div style="width: 45%;"> Initials </div> </div> </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;"> STATE OR COUNTRY NY </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;"> SHEETS DRAWING 12 </td> <td style="width: 15%; padding: 5px; text-align: center; vertical-align: middle;"> TOTAL CLAIMS 20 </td> <td style="width: 10%; padding: 5px; text-align: center; vertical-align: middle;"> INDEPENDENT CLAIMS 3 </td> </tr> </table> | | | | | Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Examiner's Signature </div> <div style="width: 45%;"> Initials </div> </div> | STATE OR COUNTRY NY | SHEETS DRAWING 12 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 | |
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| ADDRESS Corporate Patent Counsel U.S. Philips Corporation 580 White Plains Road Tarrytown ,NY 10591 | | | | | | | | | | |
| TITLE Synchronized personal video recorders | | | | | | | | | | |
| FILING FEE RECEIVED 710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table> | | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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| <input type="checkbox"/> Credit | | | | | | | | | | |